FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

561-478-14X

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073719 (3)

OSIA FINANCIAL SERVICES CORP.

SUITE 300	e of Business FACH LAKES BLYD. JEACH FL 33409	2300 PAL SUITE 30	Mailing Address 2300 PALM BEACH LAKES BLVD. SUITE 300 WEST PALM BEACH FL 33409-3308									
								 Date Incorporated or Qualifie 10/01/1995 		ate of Last R /16/1996	leport	
2. Principal P	lace of Business	2a. Mailir 26	g Address					4. FEI Number 65-0615182	······································		oplied For of Applicable	
Suite, Apt	#, etc		Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
City & State	9		City & State					6. Election Campaign Financing			May Be	
Zip	Country	28	Zip Country					Trust Fund Contribution		Added		
24]	25	29	¬					8. This corporation has liability for intangible tax upder s. 19 Florida Statutes Yes Z			. 199.032,	
	9. Name and Address of Curren		Agent					10. Name and Address of New				
	SCIARELLI, THOMAS A				81	Name						
230 SUF				82	Street	Addres	s (P.O. Box Number is Not Accep	itable)				
	ST PALM BEACH FL 33409				83	······			······································	· · · · · · · · · · · · · · · · · · ·		
					84	City			Fl	85 Zip	Code	
11. Pursuant office or reagent I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Secti	on 607.0505, Fli	orida Stat	utes				e purpose occept the ap		ts registered registered	
12,	Signature Type dioriprinted name of registered age OFFICERS AN				Age	nt signature	e required	when reinstating)	DATE	D DIDECTOR	0.0130	
TITLE	D OFFICERS AN	DUMEGIONS	DELETE	13.	F1 E		Π-	ADDITIONS/CHANGES TO OF	FICEHS AN	Change	Addition	
NAME	MASCIARELLI, THOMAS A		C) bitti	1.2 NA						change	EJ Addition	
STREET ADDRESS	1937 STRATFORD WAY					adoress						
DiTY-ST-ZIP	WEST PALM BEACH FL 33409)		1.4 CF	TY-S	T-ZIP						
TITLE			DELETE	2.1 10	TLE.			□ Ch		Change	Addition	
NAME				2.2 NA	ME							
STREET ADDRESS				2.3 ST	REET	ADDRESS		•				
CITY-ST-ZIP				2.4 C	ITY-S	ST-ZIP						
TITLE			☐ DELETE	3.1 TII	TLE	'				Change	Addition	
NAME				3.2 NA	ME							
STREET ADDRESS				3.3 \$1	REET	address	l					
CITY - ST - ZIP	VVII III III II II II II II II II II II			3.4. C	TY-S	T-ZIP				·		
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CITY+ST-ZIP				4.4 CI	TY-S	T-ZIP	<u> </u>					
TITLE			☐ DELETE	5.1 Til	ILE					Change	Addition	
RAME				5.2 NA	ME							
STREET ADDRESS				5.3 ST	REET	address						
CITY-ST-ZIP		*******		5.4 CI	TY-S	T-ZIP						
TITLE			DELETE	6.1 11	TLE					Change	Addition	
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 ST	REET	ADDRESS	1					

6.4 CITY-ST-2IP

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the